

# POSITION DESCRIPTION

## Part I: POSITION INFORMATION

Read each heading carefully before proceeding. Make statements simple, brief, and complete. **Be certain the form is signed.** Send the original to Human Resources. Supervisors and incumbents are responsible for completion of this form.

Classified	Regular	Part-Time	Existing	50%	Other %
Position Number: <b>K0051748</b>		Current Class Title: Administrative Assistant		<b>For Use by Human Resources</b> Allocation: Administrative Assistant Effective Date: 5/15/2008 FLSA Status: Nonexempt Approved By: Patti Woodcock Pay Grade: 13	
Employee Name: <b>Vicky McIntyre</b>		Proposed Class Title: (reallocations or new positions only)			
Direct	Name: Kelly Reno	Position Number: K0047427			
Supervisor	Title: Accounting Specialist				
Location:	Topeka/Shawnee	Other Location:	Hours:	Other Hours:	8:30 am to 12:30 pm
Division:	Division of Health, Bureau of Family Health			Budget Program Number:	65110

## Part II: ORGANIZATIONAL INFORMATION

1. If this is a request to reallocate the position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

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2. How much latitude is allowed incumbent in completing work? Some

3. What kinds of instructions, methods and guidelines are given to the incumbent in this position to help do the work?

The employee will have the authority to independently plan and organize work assignments to ensure completion of work on schedule and will confer with the supervisor with regard to deviations from standard policies and procedures.

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4. Which statement best describes the results of error in action or decision of this incumbent?

Moderate loss of time, injury, damage, or adverse impact on health and welfare of others.

5. Describe the work of this position. Use the following format for describing the duties: What is the action being done (use action verb); to whom or what is the action directed (object of action); why is the action being done (describe the result or outcome expected); how is the action expected to be performed (describe the manner, methods, techniques or procedures in which the task is currently performed).

**Number Each Task, Indicate Percent of Time and Identify each function as Essential or Marginal by placing an "E" or "M" next to the % of time for each task. No duty shall exceed 50% nor be less than 5%.**

**Essential** functions are primary job duties for which the position was created and that an employee must be able to perform, with or without a reasonable accommodation.

**Marginal** functions are peripheral, incidental or minimal parts of the position.

**Note: The description of how the work is to be performed does not preclude the consideration of reasonable accommodation(s) for qualified persons with a disability.**

Number	% of Time	E or M	Description of Duties
1.	50%	E	Reviews incoming claims and pending claims for processing, insurance/Medicaid information, validity of claims, timely filing, and for compliance with BFH policies and procedures. The claims are calculated for the amount of reimbursement to be paid to providers, vendors, clients, and other health care professionals, or the claim is denied. If denied, the claim is returned with either a statement explaining the reason for the denial or returned for additional information needed prior to processing the claim for payment. The claims are accurately coded with specific codes used to enter and retrieve. Employee works as backup to the Accounting Specialist in maintaining contract files, special fund accounts, and helps gather information for special project requests.
2.	35%	E	Inputs data in automated pay system for reimbursement to providers, vendors, clients, and other health care professionals. Screens combined data for accuracy prior to vouchers being printed. Interface with Purchase Order Voucher (POV) system. Processes vouchers making sure all have the appropriate documents and/or attachments, and are in accordance with the established procedures required by the Business Office and Accounts and Reports.
3.	10%	E	Initiates communication with providers, vendors, clients, parents, and other health care professionals rendering services for the children, regarding policies and procedures, regulations, claims management and general information in regard to BFH. The employee secures Federal Tax ID numbers and/or Social Security numbers, inputs provider information in state STARS system, and maintains an updated alphabetical file of this information for use by the office staff.
4.			
5.			
6.	5%	M	Perform other duties as assigned including serving as a member of the KDHE Disaster Response Team as needed to assure the agency's public and environmental health response is adequately staffed during and immediately following natural and/or manmade disasters, infectious disease outbreaks, and/or acts of terrorism.

6. Click on the button if this position directly supervises agency employees:		<input type="radio"/> Supervisor <input checked="" type="radio"/> Non-Supervisor	
7. List the class titles and position numbers of all agency employees directly supervised by this position:			
Class Title	Position #	Class Title	Position #

8. For what purpose, with whom and how frequently are contacts made with the public, officials or other employees?			
<input type="checkbox"/> Local Government Officials <input checked="" type="checkbox"/> State Government Officials <input type="checkbox"/> Federal Government Officials <input checked="" type="checkbox"/> Community Contacts <input checked="" type="checkbox"/> Private Consultants <input type="checkbox"/> Owners <input type="checkbox"/> Operators <input type="checkbox"/> Legislature <input checked="" type="checkbox"/> KDHE Program Staff <input type="checkbox"/> Other <input style="width:150px;" type="text"/> <input type="checkbox"/> Other <input style="width:150px;" type="text"/> <input type="checkbox"/> Other <input style="width:150px;" type="text"/>	Frequency: Daily Frequency: Daily Frequency: Occasionally Frequency: Frequency: Frequency: Daily Frequency: Frequency: Frequency:	▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼	Purpose: provide program information Purpose: provide program information obtain or verify information Purpose: Purpose: Purpose: obtain or verify information Purpose: Purpose: Purpose: Other Purpose:

9. What hazards, risks or discomforts exist on the job or in the work environment?	
<input checked="" type="radio"/> Normal Office Environment <input type="radio"/> Other (please explain)	

10. Describe any methods, techniques or procedures that must be used to ensure safety for equipment, employees, clients and others. (Check all that apply.)	
<input type="checkbox"/> Standard industry health and safety protocol is used at sites to ensure the safety of all on-site personnel and the general public. <input type="checkbox"/> Contact with corrosive, toxic, ignitable, and/or reactive materials during fieldwork including hazardous or solid waste site visits, sampling activities, and related work may occur. <input type="checkbox"/> Pursuant to 29 CFR, Part 1910.120, employee will be required to successfully complete the 40-hour Hazardous Waste Site Operations training and the annual eight-hour update training. <input type="checkbox"/> Personal protective equipment is provided as necessary. <input type="checkbox"/> The use of electrical audiovisual equipment necessitates knowledge and safety measures while using and securing equipment cords to prevent self and others from electrical shock or trip/fall injuries. <input type="checkbox"/> Normal driving and road hazards may occur while traveling Kansas roads. <input type="checkbox"/> Use of proper lifting techniques is necessary when lifting and moving material, equipment, etc. <input checked="" type="checkbox"/> Requires the use of computer, copier, calculator, fax, and other electrical office machines. <input checked="" type="checkbox"/> Incumbent is encouraged to follow office safety practices to ensure safety for self and others in the office. <input checked="" type="checkbox"/> Other: <input style="width:150px;" type="text"/> dollies or carts used to transport files, etc: and minimal use of a step stool to access files.	

11. Performance of the duties of this position could be reasonably anticipated to cause exposure to blood, blood products and/or other potentially infectious materials.	
<input type="radio"/> Yes <input type="radio"/> No	

12. Check all machines regularly used in the work of this position and indicate frequency with which they are used.			
Equipment:	Frequency Used:	Equipment:	Frequency Used:
<input checked="" type="checkbox"/> Computer	Daily ▼	<input checked="" type="checkbox"/> Other (describe)	Daily ▼
<input checked="" type="checkbox"/> Telephone	Daily ▼	<input type="checkbox"/> Other (describe)	Frequency: ▼
<input checked="" type="checkbox"/> Copier	Daily ▼	<input type="checkbox"/> Other (describe)	Frequency: ▼
<input checked="" type="checkbox"/> Fax machine	Daily ▼	<input type="checkbox"/> Other (describe)	Frequency: ▼
<input type="checkbox"/> Scanner	Frequency: ▼	Other: <input style="width:150px;" type="text"/> 10 Key Adding Machine	
<input type="checkbox"/> Scientific equipment	Frequency: ▼		
<input type="checkbox"/> Sampling equipment	Frequency: ▼		
<input type="checkbox"/> Vehicle	Frequency: ▼		

**Part III: EDUCATION, EXPERIENCE AND SAFETY INFORMATION**

13. Minimum Requirements (MR) as stated in the State of Kansas Class Specification. **Note: Do not include substitution statement indicated on class specification. However, if substitution is desired, specifically describe substitution.**

Six months of experience in general office, clerical or administrative support work.

14. Special Requirements: Additional qualifications for this position that are necessary to perform the Essential Functions of the position (i.e. license, registration or certification).

License's Required ☐ Valid Driver's License - Incumbent is required to have and maintain a valid driver's license when operating a state vehicle, a private vehicle, or a rental vehicle for the benefit of the State.  
☐ Professional Environmental Engineer - Incumbent is required to maintain a professional environmental engineer license while in the position.  
☐ Professional Geologist - Incumbent is required to maintain a professional geology license while in this position.

Other License

15. Preferred education, experience or skills. **(These items will be used to screen applicants when recruiting to fill the position.)**

**Preferred Education**

- ☒ High School/GED  
☐ Bachelors Degree  
☐ Masters Degree  
☐ Ph.D.  
☐ M.D.  
☐ Other  
☐ Other  
☐ Other  
☐ Other

**Degree Area**


**Preferred Skills**

- ☒ Computer Skills  
☒ Grammar  
☐ Other  
☐ Other  
☐ Other  
☐ Other  
☐ Other  
☐ Other  
☐ Other  
☐ Other

Excel, Word, Access, STARS

Proofreading, editing, attention to detail


**Preferred Experience:**

Office occupations training program or college based preparation preferred. Knowledge of basic accounting principles, practices and standards. Abilities: Establish and maintain effective working relationships with coworkers and representatives from other agencies or departments; mathematical calculations rapidly and accurately; interpreting complex guidelines, policies and regulations; calculators, personal computers and application software.

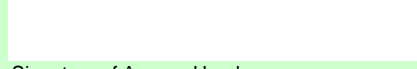
**Part IV: SIGNATURES**

  
Signature of Employee Date

  
Signature of Human Resources Official 3/29/2010  
Date

**Approved:**

Marc Shiff  
Signature of Supervisor 3/29/2010  
Date

  
Signature of Agency Head or Appointing Authority 3/29/2010  
Date